Revision: HCFA-PM-91-10

(BPD)

ATTACHMENT 4.38A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Nevada

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

See attached print-out from LMS record-keeping system and copy of Nursing Assistant Application.

TN No. Supersedes TN No. N/A

Approval Date

Effective Date

1/1/92

State Plan Under Title XIX Page 2 State Nevada NEW APPLICATION ADD LICENSE INFORMATION BELOW ID # :100000000 . APPLICANT NAME : DOE, JANE SMITH (Last Name, First Name MI) HEIGHT :0' 0" EYES : : ADDRESS 1 :1281 TERMINAL WAY WEIGHT: 0001b. HAIR: : ADDRESS 2 : BIRTHDAY : 6/03/46 : CITY :RENO BIRTHPLACE: INDIANA :NV ZIP:89506-0000 : STATE CITIZEN :Y Y N ? SEX :F M F ? : COUNTY :WASHOE : TELEPHONE : (702) 786-3078 OTHER LICENSES :CA : OTHER/AKA NAME : MARYANNE : ADAMS : REMARK : APPLICATION/LICENSE NUMBER ASSIGNMENT : CNA01 : LICENSE TYPE : CERTIFIED NURSE ASST STATUS ASSIGNED: 1/15/92 :ACTIVE : STATUS : REASON FOR STATUS : : LICENSE REMARK : JANE SMITH DOE, CNA : APPLICATION DATE :11/15/91 APPLICATION MADE BY :TRN : TAKEN NATIONAL EXAM? :Y Y N ?

: EFFECTIVE : 1/15/92 EXPIRATION : 6/04/93 LICENSE ISSUED : 1/15/92 : Please Select --> SERVICE MENU PRINT APPLICATION EXIT <-- Please Select :

> Fee Transactions DATE REFERENCE AMOUNT TRANSACTION TYPE \$15.00 APPLICATION FEE : 11/15/91 111591 : Press ^P to Print. ENTER to View. INSERT to Add. :

TN No.: 92-14 Supersedes TN No.: N/A	Approval Date	APR 1 6 1992	Effective Date	1/1/92	

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                 Record will be Added
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                             ID # :100000000
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1111111: AGAINST : DOE, JANE SMITH
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                    LICENSE ID
                           :CNA01
1111111: CASE NUMBER :1101-91
                    SCHEDULED REVIEW DATE : / /
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1111111: ORDER DATE
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TN No.: 92-14
Supersedes Approval Date APR 16 1992 Effective Date 1/1/92
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Approval Date Supersedes TN No.: N/A

APR 1 6 1992

Effective Date 1/1/92

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: Include the ^ AFFILIATED LETTER FOR CORRESPONDENCE TRACKING. : address in ^ Record will be Added 100000000 : your letter.^ DATE PREPARED AND SENT : 2/26/92 : LETTER DESCRIPTION :ENDORSEMENT TO CALIF : CTRL+P to ^ ENDORSEMENT TO CALIF :
: CTRL+P to
: Print Letter ^ SENT ENDORSEMENT TO CALIFORNIA, NO CHANGE OF ADDRESS AT
    ^ THIS TIME
: Press Insert^
: to toggle ^
: typeover and ^
: insert text ^
: in letter.
: You can send ^
: letter to a ^
: printer or a ~
: file with
: any standard^
: name format.
: 40 Lines of
: Text Maximum ^
  TN No.: 92-14
                                 APR 1 6 1992
                                             Effective Date 1/1/92
                 Approval Date_____
 Supersedes
 TN No.: N/A
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NEVADA STATE BOARD OF NURSING

1281 Terminal Way, Rm. 116, Reno, Nevada 89502
(702) 786-2778

FAX (702) 322-6993

revision,



NURSING ASSISTANT APPLICATION FOR CERTIFICATION

	Name:				·		
•		Lest		First	Hiddle	Maide	1
•	Social S	Security N	o.:		Telephone N	o.: <u>(</u>)	
	Address:						
		Street		City	State	21	>
	Date of	Birth:		P1	ace of Birth:		
	บ. ร. C:	itizen? Y	es N	io i	Mother's Maider	Name:	
			ED	UCATION	SUMMARY		
	High Sc	hool:	y/State		Year		
		CIT	y/State		TORF	Degre	
	College	/Universit	y:		City/State	7.6	ar
	Nursing	Assistant	Training	Program	1:	y/School Na	
					740111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	City	/State:			Date Complete:		
			NURSI	NG TRAIN	ING SUMMARY		
	RN Lice	nse No.: _		State	: St	atus:	ciplized
	LPN Lic	ense No: _		State:	Sta	tus:	20111204
•	CNA Cer	tificate N	io.:	State:	Sta		
					Active/	inactive/Dis	ciplized
	Nursing	Fundament	als:				
	_		8	chool	City/state		Tear
			GEN	IERAL INI	FORMATION		
					t Certification times: In		
	Do you	have diffi	iculty rea	ading wi	thout assistand	e? Yes	_ No
No.: <u>9</u> persedes		Approv	al Date APR	1 6 1992	Effec	tive Date	1/1/92
N No.:	N/A	• •					

applicable sections. I. County of Residence 1. Carson
2. Churchill
3. Clark
4. Douglas
5. Elko
6. Esmeralda
7. Eureka A. Sex 1. Male 2. Female B. Marital Status __1. Married __2. Widowed 3. Never Married 4. Divorced 5. Separated 8. Humboldt 9. Lander
10. Lincoln
11. Lyon
12. Mineral Employment Status

1. Full-time in Nursing
2. Part-time in Nursing
3. Working in another field
4. Unemployed not seeking work
5. Unemployed seeking work
6. Have been seeking work for
a. Days

12. Mineral
13. Nye
14. Pershing
15. Storey
16. Washoe
17. White Pine
17. White Pine
19. Out of Country C. Employment Status D. Time Worked as a Nursing Assistant 1. Zero to one year

2. Two to Three years

3. Four to five years

4. Six to nine years

J. County where employed

2. Churchill

3. Clark 1. Carson
2. Churchill
3. Clark
4. Douglas 5. Ten or more years _____5. Elko 6. Esmeralda
7. Eureka
8. Humboldt
9. Lander E. Principal Place/Field of Employment 1. Hospital
2. Long-term care facility
3. Home care
4. Private duty
5. Mental retardation
6. Schools
7. Registry
8. Mental health facility ___10. Lincoln ___11. Lyon 12. Mineral 13. Nye 14. Pershing 15. Storey 9. Other ___16. Washoe 17. White Pine F. Current Employer Facility name: 18. Out of State ___19. Out of Country Address: G. How many Nursing Assistant positions have you had in the past 12 months? 1. Zero to one 2. Two to three 3. Four to Five 4. Six to nine 5. Ten or more H. Education, highest degree received? 1. High school diploma

2. High school equivalency diploma

3. Associate degree

4. Bachelor's degree

5. None of the above APR 16 1992

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Supersedes TN No.: N/A Effective Date 1/1/92

The following information will be used to provide statistics for our computer system and will never be used in association with your name. Please complete

Ne	vada	Page
	DESCRIPTION	STAPLE PICTURE HERE
На	ir:	
Ey	es:	
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Ā	RSONAL "yes" answer may delay the process: ounds for denial. Falsification of tion or denial.	ing of your application and could be answers is grounds for disciplinary
	suspended, on probation or is there as Have you ever been convicted of a	ny criminal offense other than minor
3.	traffic violation(s)? Do you now or have you ever had a pr	Yes No No
4.	or alcohol? Are you now or have you ever been tre	Yes Noeated for mental illness?
5.	Do you have any physical disability your ability to practice nursing?	YesNo
Ci	the answer is "yes" to any of the about the the transfer of the about the transfer of the tran	ove questions, please explain dates and ditional information may be required
	AFFIDA	
1.	presented having information relating information to the Nevada State B	ll persons to whom this release is ag to or concerning me to furnish such coard of Nursing whether or not such protected from disclosure by any law privilege.
2.	I hereby authorize Nevada State Bos documents pertaining to my past or pr	ard of Nursing to review and copy any resent employment or character, whether se be protected from disclosure by any
2	constitutional, statutory, or common	law privilege.
	persons whomsoever from any damage be I certify under penalty of perjur	at employers, references and all other ecause of furnishing said information. By to the truth and accuracy of all ons made in the foregoing application,
		1

CERTIFICATION IS MANDATORY IN NEVADA

TN No.: 92-14 Supersedes
TN No.: N/A

APR 1 6 1992 Approval Date

denial of application or revocation of certification.

Effective Date 1/1/92

Employer:				TRN:	Exp:
Qualified:					
			FOR OFFICE USE ONLY		
			NAME:		
			CERTIFICATION N	NO.:	
			DATE ISSUED:		
			SCORES:	Manual	Date
				Written	Date
			ENDORSEMENT:		State
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